JIS CODE: APF Approved, SCAO STATE OF MICHIGAN **PETITION FOR ADOPTION** FILE NO. JUDICIAL CIRCUIT - FAMILY DIVISION StepParent COUNTY Related Within 5th Degree **Other (Excluding Direct Adoption)** In the matter of _ , adoptee Full name of child I, Name , join with my spouse in this petition for adoption (applicable to stepparent adoption only) Relationship **Date and Place** to Adoptee Name Address, City, State, Zip of Birth **Adopting** Mother Maiden: **Adopting Father** Each adopting petitioner states: 🔲 1. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in____ _____ Court, Case Number__ _____, and assigned to Judge____ remains is no longer pending. 2. I desire to adopt Full name of child Birth date and time City, county, and state of birth Present residential address (if known) 3. The adoptee will be my heir at law. not be changed. be changed to First 4. The adoptee's name will 5. The adoptee's property is _ 6. The adoptee's parents are: Birth date Mother's name (and maiden name) Father's name Birth date Address Address City, state, zip City, state, zip unknown because the rights of the parents have been terminated by a court of competent jurisdiction and parental rights are vested in Name and address of court or agency

Do not write below this line - For court use only

(PLEASE SEE OTHER SIDE)

the provisions of section 46 of the Michigan Adoption Cod	ting to this court, within 3 months of this order, in accordance with
Address City, state, zip Telephone no. IT IS ORDERED: 14. Court agent or employee, child-placing agency, or Michigan Department is directed to fully investigate and report its findings in write the provisions of section 46 of the Michigan Adoption Code 15. The full investigation is waived. The petitioner(s) shall	Petitioner telephone no. ent of Human Services ting to this court, within 3 months of this order, in accordance with e.
Address City, state, zip Telephone no. IT IS ORDERED: 14. Court agent or employee, child-placing agency, or Michigan Department is directed to fully investigate and report its findings in write	Petitioner telephone no. ent of Human Services ting to this court, within 3 months of this order, in accordance with
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Address City, state, zip Telephone no. ITIS ORDERED:	
Address	
Address	
Attorney/Agency name (type or print) Bar no.	
	Signature of petitioner mother
Attorney/Agency signature	Date
months and a foster family study was completed or upon a local declare that this petition has been examined by me and that belief.	its contents are true to the best of my information, knowledge, and
	he adoptee has been placed in foster care with me for at least 12
12. The adoption be completed immediately because:	·
11. Termination of all existing parental rights inconsistent wit the child with me, and entry of an order of adoption with t	th the order of adoption, entry of an order approving placement of the adoptee's name recorded as
IREQUEST:	
	pt the child from the court, Michigan Department of Human Services om the persons to whom the child was released. A motion alleging capricious is attached.
failed to visit or contact the adoptee for a period of 2 ye	(Attach form PCA 302, Supplemental Petition and ars or more. Affidavit to Terminate Parental Rights of Noncustodial Parent)
	nt has failed to provide support or comply with a support order and
\square 9. (applies only to stepparent adoptions) The noncustodial parel	nome for months before filing this petition.
8. The adoptee has been living with the petitioners in their h	
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